

# Application Form

## Arts Projects Program

Council Policy requires that an application be submitted by May 1, 2005 to be considered for fiscal year 2006 funding. Each project must be submitted on a separate form. Before preparing the application, please read the preceding guidelines and application instructions. An Acknowledgment will be sent to you indicating receipt of your application. If you haven't received this acknowledgment by June 1, 2005, contact the Council offices at 517/241-4011. Authorized by Executive Order 1991-21. Application must be typed.

applicant name & address

project/activity title (use the same title as in section 3)

### Application fee

Index: 23000 Comp Obj: 1795

Applicants must provide a non-refundable fee of \$300 or three percent of the grant request, whichever is less. For example, three percent of \$10,000 is \$300. This fee is subject to legislative change.

A check in the amount of the application fee must be returned with this application.

Make Check payable to:

**The State of Michigan.**

*Staple the check to this page*

Cash payment is not accepted.

### Enter grant request

\_\_\_\_\_

### Multiply by 3%

\_\_\_\_\_

### Application Fee

\_\_\_\_\_ (not to exceed \$300)

For MCACA Staff use only

Control # 06PP \_\_\_\_\_

received ☐ on time ☐ late

/ /

### Items received

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> App form | <input type="checkbox"/> Att 6  |
| <input type="checkbox"/> Att 1    | <input type="checkbox"/> Att 7  |
| <input type="checkbox"/> Att 2    | <input type="checkbox"/> Att 8  |
| <input type="checkbox"/> Att 3    | <input type="checkbox"/> Att 9  |
| <input type="checkbox"/> Att 4    | <input type="checkbox"/> Att 10 |
| <input type="checkbox"/> Att 5    | <input type="checkbox"/> Att 11 |

### Envelopes

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> original                 | <input type="checkbox"/> copy 1 |
| <input type="checkbox"/> copy 2                   | <input type="checkbox"/> copy 3 |
| <input type="checkbox"/> documentation 1 (Att 11) |                                 |
| <input type="checkbox"/> documentation 2 (Att 11) |                                 |
| <input type="checkbox"/> documentation 3 (Att 11) |                                 |

## Section 1: Cover Page, Project Summary

Please limit your response to the space provided below.

Grant funds are requested for...

## Components - Select one component

- |   |                                    |  |                                  |  |
|---|------------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Dance  | <input type="checkbox"/> Design    | <input type="checkbox"/> Literature            | <input type="checkbox"/> Media   | <input type="checkbox"/> Multidisciplinary |
| <input type="checkbox"/> Museums  | <input type="checkbox"/> Folk Arts | <input type="checkbox"/> Opera/Musical Theater | <input type="checkbox"/> Theater | <input type="checkbox"/> Visual Arts       |
| <u>Music:</u> <input type="checkbox"/> Chamber <input type="checkbox"/> Choral/Vocal <input type="checkbox"/> Jazz/Blues/Folk <input type="checkbox"/> Orchestra/Band <input type="checkbox"/> Ethnic/World |                                    |  |                                  |  |

## Cover Page, Project Financial Summary – Figures from Section 5, Project Budget

Cash match --from line 20

Total revenue --from line 19

Total expenses --from line 34

**SECTION 2: APPLICANT INFORMATION**

Applicants legal name		telephone
other common name	website (URL)	
official mailing address		
city, state & zip code		office hours
authorizing official or board designee (cannot be same as proj. dir.)		title
board chairperson		title
address		
city, state & zip code		county name and code
federal I.D. number	status code	institution code
U.S. Representative		district number
State Senator		district number
State Representative		district number
Applicant's primary discipline code	Grantee race code	

**SECTION 3: PROJECT INFORMATION**

project director (contact person {cannot be same as auth. off.})		title
address		city, state & zip code
business telephone & hours		home telephone & hours
fax number		email address
project/activity title		start date                      end date
activity's primary discipline code	project race/ethnicity code	
type of activity code	arts education code	project descriptor
project primary county code(s)-- --enter all that apply		

## SECTION 4: SUMMARY INFORMATION

### Section 4a: Budget Summary (use the figures from Section 5; Projected Budget)

total earned revenue from line 4	total cash revenue from line 17	total cash expenses from line 32	
total unearned revenue from line 15	total in-kind support from line 18	total in-kind expenses from line 33	
cash match from line 20	total revenue from line 19	total expenses from line 34	Council request from line 16

### Section 4b: Project Participation Summary

(this information should represent your projections and estimates for the entire grant period)

Total number of Michigan artists participating	Total paid to Michigan artists
Total number of artists participating	Total paid to artists
Total number of individuals benefitting	Total number of youth benefitting
Total number of new hires	Total number of employees

### Section 4c: AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

Circle one

Are your facilities and PROGRAMS accessible to persons with disabilities? Y N

Are accessibility issues included in your organization's long range plans? Y N

Has an ADA evaluation of your organization's facilities and programs been conducted? Y N

If yes give date completed:\_\_\_\_\_

Are staff members informed and trained in access issues Y N

Please provide the name and title of the designated staff person responsible for ADA Compliance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## SECTION 5: PROJECTED BUDGET

The budget must balance. Total revenues (line 19) must equal total expenses (line 34) The amount of in-kind support (line 18) must equal in-kind expenses (line 33) Round all budget figures to the nearest whole dollar. Budget figures must be itemized in Attachment #2, including all payments to artists.

Applicant Name:		
<b>REVENUES-----Earned</b>	<b>CASH</b>	<b>IN-KIND</b>
1. Admissions		
2. Contracted services		
3. Other		
4. Total earned revenue add lines 1,2 & 3. copy the total to Section 4a		
<b>REVENUES-----Unearned</b>		
5. Corporate support		
6. Foundation support		
7. Other private support		
8. Federal support		
9. Regional support		
10. Local government support		
11. Other unearned revenue		
12. Applicant cash		
13. Sub-total unearned revenue add lines 5 -through- 12		
14. State support -not from Council		
15. Total unearned revenue add lines 13 & 14. copy the total to Section 4a		
16. MCACA grant request amount Copy to Section 4a		
17. Total cash revenue add lines 4, 15 & 16. copy the total to Section 4a		
18. Total in-kind support -from line 33 Copy the total to Section 4a		
19. Total revenues add lines 17 & 18. copy the total Section 4a		
20. Cash match add lines 4 & 13. copy the total to Section 4a		

## SECTION 5: PROJECTED BUDGET continued

Applicant Name:		
<b>EXPENSES</b>	<b>CASH</b>	<b>IN-KIND</b>
21. Administrative employees		
22. Artistic employees		
23. Technical/production employees		
24. Artistic fees/services -non-employee		
25. Other fees/services - non-employee		
26. Space rental		
27. Travel		
28. Marketing, publicity & promotion		
29. Other expenses		
30. Capital expenses - acquisitions		
31. Capital expenses - other		
32. Total cash expenses <small>add lines 21 through 31. copy the total to Section 4a</small>		
33. Total in-kind expenses <small>add lines 21 through 31. copy the total to line 18 and to Section 4a</small>		
34. Total expenses <small>add lines 32 &amp; 33. copy the total to Section 4a</small>		

**As Attachment #2** – provide a detail itemization / explanation for each figure in the budget, **on both the revenue side and the expense side**. Itemize each budget figure by identifying the individual dollar amounts, that when added together, equal the amount you reported in your projected budget. You must indicate the source for revenue figures or the use for expense figures, for every itemized figure.

The itemized figure for payments to all artists must identify by name the artist, or groups of artists, who will be paid and their fee. (Instead of listing the names of artists, or group of artists', you may substitute the type and number of artists to be paid and their fees.) Be sure the total amount to be paid to artists is itemized.

The itemization must explain every dollar listed in the budget. Figures broken down in the itemization must match the figures entered on a particular budget line. The budget must be complete. The budget must be typed. The budget numbers must be rounded to the nearest whole dollar (do not include cents).

The budget must balance: **Total cash revenues (line 17) must equal total cash expenses (line 32)**  
**Total in-kind support (line 18) must equal total in-kind expenses (line 33)**  
**Total revenues (line 19) must equal total expenses (line 34).**

The budget must be accurate and should contain no mathematical errors.

## SECTION 6: ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

☐ This application was approved by the governing board on \_\_\_\_\_

☐ This application is scheduled to be approved by the governing board on \_\_\_\_\_

☐ If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

☐ If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

**Authorized Official: (Cannot be the Project Director)**

Name (typed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## SECTION 7: ATTACHMENT CHECKLIST

All sections of the Application form must be completed. Check the boxes below to ensure that all sections of the form have been completed. Your original application and three copies (totaling 4) must be submitted to MCACA. **The deadline for application MCACA Fiscal Year 2006 programs is May 1, 2005.**

- |                                    |                       |
|------------------------------------|-----------------------|
| <input type="checkbox"/> Section 1 | Cover Page            |
| <input type="checkbox"/> Section 2 | Applicant Information |
| <input type="checkbox"/> Section 3 | Project Information   |
| <input type="checkbox"/> Section 4 | Summary Information   |
| <input type="checkbox"/> Section 5 | Projected Budget      |
| <input type="checkbox"/> Section 6 | Assurances            |
| <input type="checkbox"/> Section 7 | The Checklist         |

### ATTACHMENTS

Indicate which attachments are enclosed by checking the corresponding box. Each page of each attachment must be labeled and numbered on the top right corner as follows:

Attachment # \_\_\_\_\_, Page # \_\_\_\_\_, Organization \_\_\_\_\_

Four copies of Attachment # 1 through # 10 and three sets of # 12 must be submitted.

### Enclosures

- |   |   |
|---|---|
| <input type="checkbox"/> Attachment #1  | Narrative   |
| <input type="checkbox"/> Attachment #2  | Budget Itemizations   |
| <input type="checkbox"/> Attachment #3  | Organizational History  |
| <input type="checkbox"/> Attachment #4  | Proof of Tax Exempt Status (an IRS letter or confirmation letter provided by a school district) |
| <input type="checkbox"/> Attachment #5  | Project Assessment  |
| <input type="checkbox"/> Attachment #6  | List of Governing Board Members   |
| <input type="checkbox"/> Attachment #7  | Project Director's Resume or Bio  |
| <input type="checkbox"/> Attachment #8  | Letters of Support (minimum of three)   |
| <input type="checkbox"/> Attachment #9  | Resume(s) or Bio(s) of key decision makers  |
| <input type="checkbox"/> Attachment #10 | Resume(s) or Bio(s) of key Artist(s)  |
| <input type="checkbox"/> Attachment #11 | Documentation   |

### PACKAGING

Indicate that all application materials have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in an envelope and labelled as follows.

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Envelope # 1<br>"Original" | <input type="checkbox"/> Envelope # 2<br>"Copy 1" | <input type="checkbox"/> Envelope # 3<br>"Copy 2" | <input type="checkbox"/> Envelope # 4<br>"Copy 3" | <input type="checkbox"/> Envelope # 5<br>"Documentation"<br>Attachment #11 |
| Application Form                                    | Application Form                                  | Application Form                                  | Application Form                                  |  |
| Attachment #1                                       | Attachment #1                                     | Attachment #1                                     | Attachment #1                                     |  |
| Attachment #2                                       | Attachment #2                                     | Attachment #2                                     | Attachment #2                                     | <input type="checkbox"/> Envelope # 6<br>"Documentation"<br>Attachment #11 |
| Attachment #3                                       | Attachment #3                                     | Attachment #3                                     | Attachment #3                                     |  |
| Attachment #4                                       | Attachment #4                                     | Attachment #4                                     | Attachment #4                                     |  |
| Attachment #5                                       | Attachment #5                                     | Attachment #5                                     | Attachment #5                                     |  |
| Attachment #6                                       | Attachment #6                                     | Attachment #6                                     | Attachment #6                                     | <input type="checkbox"/> Envelope # 7<br>"Documentation"<br>Attachment #11 |
| Attachment #7                                       | Attachment #7                                     | Attachment #7                                     | Attachment #7                                     |  |
| Attachment #8                                       | Attachment #8                                     | Attachment #8                                     | Attachment #8                                     |  |
| Attachment #9                                       | Attachment #9                                     | Attachment #9                                     | Attachment #9                                     |  |
| Attachment #10                                      | Attachment #10                                    | Attachment #10                                    | Attachment #10                                    |  |

Application Fee  
(Make check payable  
to State of Michigan)

**Staple your check to the front page of the application form and place in envelope number 1.**